

STATE OF MARYLAND HEALTHCHOICE ADULT AND CHILD POPULATIONS

CAHPS® 2009 ***4.0H Adult and Child Medicaid Survey Results*** ***Executive Summary***

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Beginning in 2008, the State of Maryland Department of Health and Mental Hygiene (DHMH) selected WB&A Market Research (WB&A), a National Committee for Quality Assurance (NCQA) certified survey vendor, to conduct its Consumer Assessment of Healthcare Providers and Services (CAHPS^{®1}) 4.0H Adult Medicaid Survey and 4.0H Child Medicaid Survey (with Children with Chronic Conditions (CCC) Measurement Set)².

- Members from each of the seven managed care organizations (MCOs) that provide Medicaid services in the HealthChoice program participated in this research:
 - AMERIGROUP Community Care,
 - Diamond Plan,
 - Jai Medical Systems,
 - Maryland Physicians Care,
 - MedStar Family Choice,
 - Priority Partners, and
 - UnitedHealthcare.

The CAHPS[®] 4.0H Adult and Child Medicaid Surveys measure those aspects of care for which members are the best and/or the only source of information. From these surveys, members' ratings of and experiences with the medical care they receive can be determined. Then based on members' health care experiences, potential opportunities for improvement can be identified.

- Specifically, the results obtained from these consumer surveys will allow DHMH to determine how well participating managed care organizations are meeting their members' expectations, provide feedback to the MCOs to improve quality of care, encourage MCO accountability, and develop MCO action to improve members' quality of care.
- Results from the CAHPS[®] 4.0H Adult and Child Medicaid Surveys summarize member satisfaction through ratings, composites and question Summary Rates. In general, Summary Rates represent the percentage of respondents who chose the most positive response categories as specified by NCQA.

¹CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

²A child with a chronic condition, included in the survey, refers to a child who currently experiences a consequence associated with a condition. The consequence results from a medical/behavioral/health condition, and the duration of the condition is expected to be at least twelve (12) months.

In 2009, there were survey changes made by NCQA to the CAHPS® 4.0H Adult Medicaid Survey and to the 4.0H Child Medicaid Survey (with CCC Measurement Set) but no changes made by DHMH.

- NCQA revised *question 11* in the CAHPS® 4.0H Adult Medicaid Survey. NCQA added the words “you thought” as shown below:
 - *“In the last six months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask you which choice you thought was best for you?”*
- In 2009, NCQA adopted the 4.0H version of the CAHPS® Child Medicaid Satisfaction Survey. Revisions include changes to the number, order and wording of survey questions, as well as changes to the composite measures.
 - Revised *Rating of Personal Doctor* question.
 - Revised *Getting Needed Care* composite; omitted questions and significantly altered the remaining two questions and response choices.
 - Revised *Getting Care Quickly* composite; omitted two questions.
 - Revised *How Well Doctors Communicate* composite.
 - Omitted *Courteous and Helpful Office Staff* composite.
 - Revised *Customer Service* composite; omitted questions, added one question and significantly altered an existing question and its response choices.
 - Added one new composite (*Shared Decision-Making*) and two questions on new content areas (*Health Promotion and Education, Coordination of Care*), which will be treated as first-year measures.
- The number of “complete and valid” surveys was revised. The requirement that Q1 and at least 80% of the core survey questions be answered was omitted.

WB&A administered a mixed-methodology which, involved mail with telephone follow-up.

- Specifically, two questionnaire packages and follow-up postcards were sent to samples of eligible adult and child members from each of the seven MCOs with “Return Service Requested” and WB&A’s toll-free number included. The mail materials also included a toll-free number for Spanish-speaking members to complete the survey over the telephone. Those who did not respond by mail were contacted by telephone to complete the survey. During the telephone follow-up, members had the option to complete the survey in either English or Spanish.
 - The child surveys were conducted by proxy, that is, with the parent/guardian who knows the most about the sampled child’s health care.
- The required sample size is 1,350 for adult Medicaid plans and 1,650 for child Medicaid plans (General Population/Sample A). In addition to the required sample size, DHMH chose to over-sample their adult and child Medicaid populations by 30%.
 - To qualify, adult Medicaid members had to be 18 years of age or older, while child Medicaid members had to be 17 years of age or younger. Furthermore, members of both populations had to be continuously enrolled in the MCO for five of the last six months as of the last day of the measurement year (December 31, 2008).
- Among the child population, an additional over-sample of 1,840 members with diagnoses indicative of a probable chronic condition was also pulled (CCC Over-sample/Sample B). This is standard procedure when the CAHPS® 4.0H Child Medicaid Survey (with CCC Measurement Set) is administered, to ensure the validity of the information collected.
 - The CCC population is identified based on member’s responses to the CCC survey-based screening tool (questions 59 to 72), which contains five questions representing five different health consequences; four are three-part questions and one is a two-part question. A child member is identified as having a chronic condition if all parts of the question for at least one of the specific health consequences are answered “Yes”.
 - It’s important to note that the General Population data set (Sample A) and CCC Over-sample data set (Sample B) are not mutually exclusive groups. For example, if a child member is randomly selected for the CAHPS® Child Survey sample (General Population/Sample A) and is identified as having a chronic condition based on responses to the CCC survey-based screening tool, the member is included in both General and CCC Population results.

Between February and May 2009, WB&A collected 3,746 valid surveys from the eligible Medicaid adult population and 4,830 valid surveys from the eligible Medicaid child population (2,533 of the child members across all MCOs qualified as being children with chronic conditions based on the parent's/guardian's responses to the CCC survey-based screening tool).

Ineligible adult and child members included those who were deceased, did not meet eligible population criteria, or had a language barrier. In addition, adult members who were mentally or physically incapacitated were considered ineligible. Non-respondents included those who had refused to participate, could not be reached due to a bad address or telephone number, or were unable to be contacted during the survey time period.

- Ineligible surveys are subtracted from the sample size when computing a response rate.

Table 1 below shows the total number of adult and child members in the sample that fell into each disposition category:

Table 1: Sample Dispositions

Disposition Group	Disposition Category	Adult	Child (General Population/ Sample A)
Ineligible	Deceased (M20/T20)	15	4
	Does not meet eligibility criteria (M21/T21)	186	141
	Language barrier (M22/T22)	89	363
	Mentally/Physically incapacitated (M24/T24)	57	N/A
	Total Ineligible	347	508
Non-Response	Bad address/phone (M23/T23)	1,142	895
	Refusal (M32/T32)	490	523
	Maximum attempts made (M33/T33)*	6,227	6,295
	Total Non-Response	7,859	7,713

*Maximum attempts made include two survey mailings and an average of six call attempts.
N/A=Not applicable to this population

Tables 2 and 3 below illustrate the number of adult and child surveys mailed, the number of completed surveys (mail and phone) and the response rate for each MCO.

Table 2: Adult Survey

MCO	Surveys Mailed	Mail and Phone Completes	Response Rate
AMERIGROUP Community Care	1,755	514	30%
Diamond Plan	1,422 ¹	389	28%
Jai Medical Systems	1,755	581	34%
Maryland Physicians Care	1,755	539	32%
MedStar Family Choice	1,755	547	32%
Priority Partners	1,755	595	35%
UnitedHealthcare	1,755	581	35%
Total HealthChoice	11,952	3,746	32%

¹Due to a small number of Diamond Plan adult members being eligible for the study, a sampling frame of 1,422 was produced (rather than 1,755).

Table 3: Child Survey

MCO	Surveys Mailed			General Population Mail and Phone Completes	CCC Respondents ²	Response Rate
	Total Child	General Population (Sample A)	CCC Over-sample (Sample B) ¹			
AMERIGROUP Community Care	3,542	2,145	1,397	732	398	38%
Diamond Plan	1,073	1,073 ³	0	366	105	35%
Jai Medical Systems	1,253	1,253 ³	0	356	121	29%
Maryland Physicians Care	3,047	2,145	902	861	461	41%
MedStar Family Choice	2,267	2,145	122	807	277	38%
Priority Partners	3,874	2,145	1,729	851	714	41%
UnitedHealthcare	3,131	2,145	986	857	457	42%
Total HealthChoice	18,187	13,051	5,136	4,830	2,533	39%

¹In MCOs with fewer members than the required child sample size (1,840), the sample includes all members with a diagnosis indicative of a probable chronic condition who were not already selected for the General Population sample.

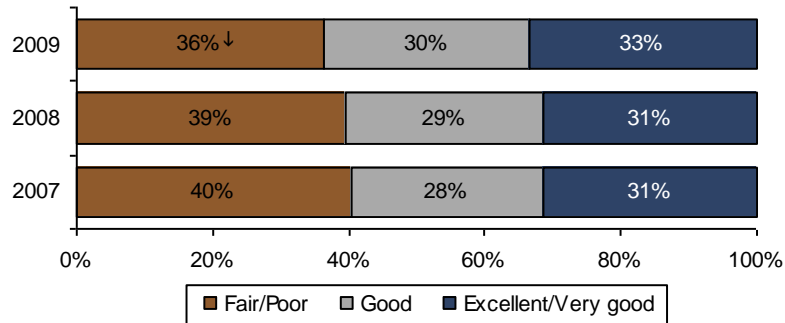
²As explained on page 4, it is important to note that the General Population data set (Sample A) and CCC Over-sample (Sample B) data set are not mutually exclusive groups.

³Due to a small number of Diamond Plan and Jai Medical Systems members being eligible for the study, a smaller sampling frame was produced (rather than 2,145).

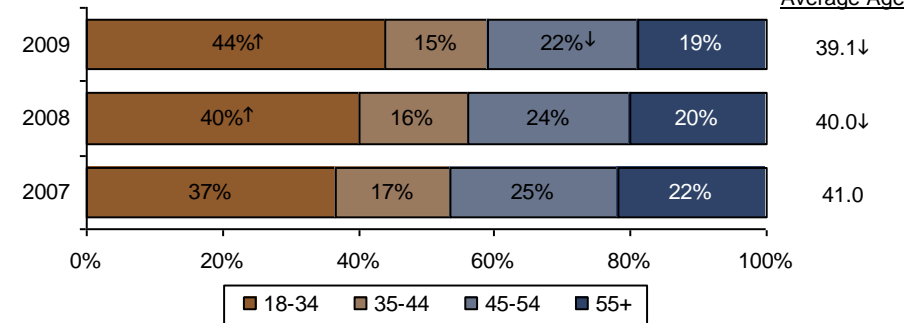
Profile of Adult Members Surveyed

↑ significant increase from previous year
↓ significant decrease from previous year

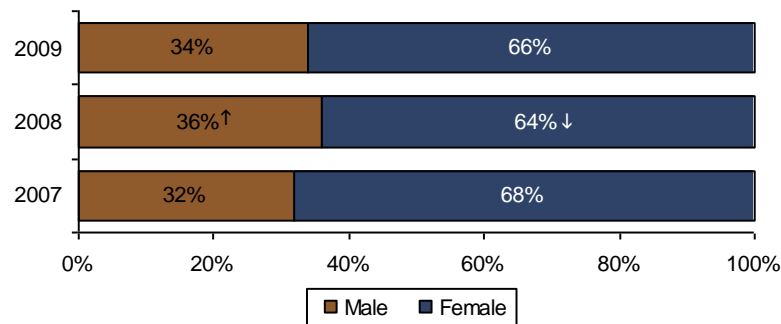
Health Status (Q36)



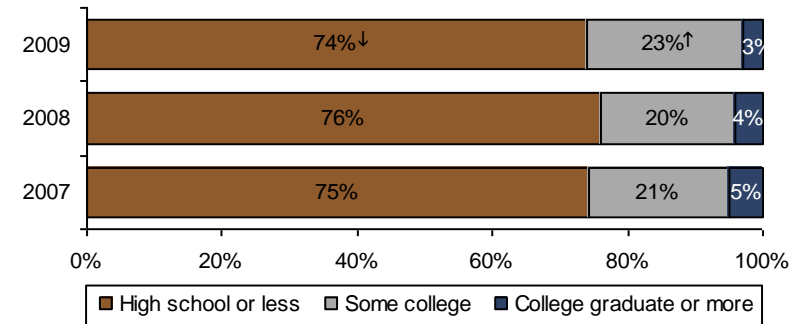
Age (Q45)



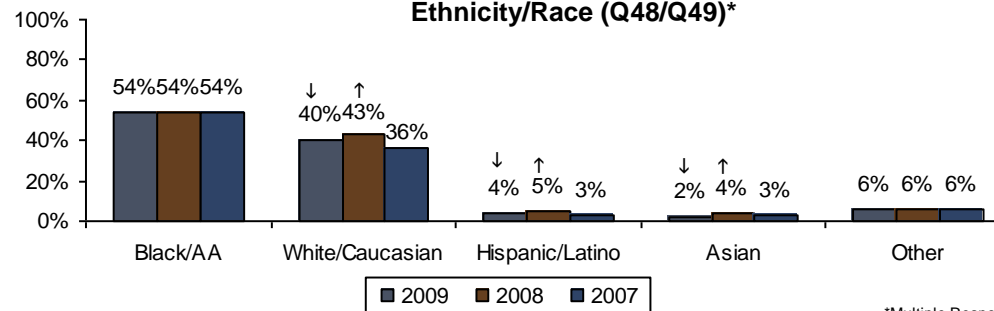
Gender (Q46)



Level of Education (Q47)



Ethnicity/Race (Q48/Q49)*



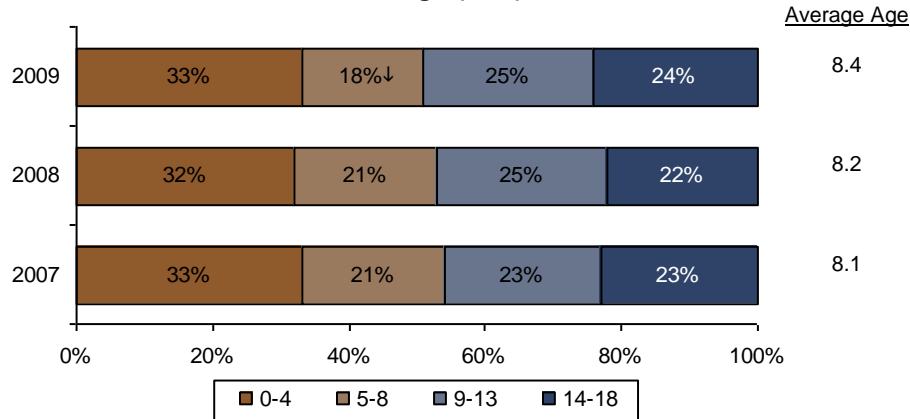
*Multiple Responses Accepted

Base = Those answering

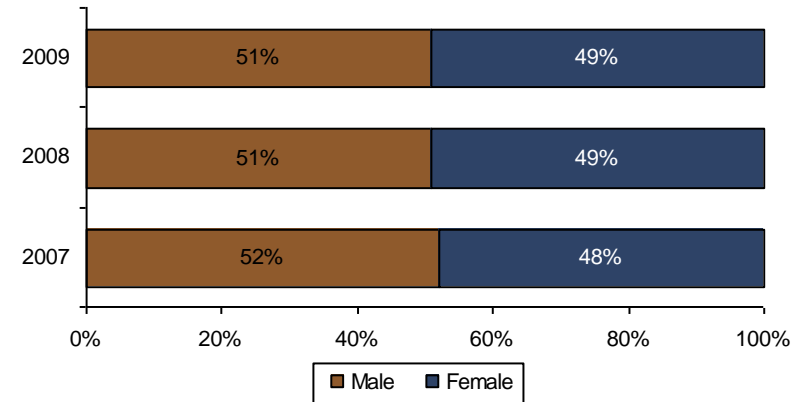
Child Member Profile – General Population

↑ significant increase from previous year
↓ significant decrease from previous year

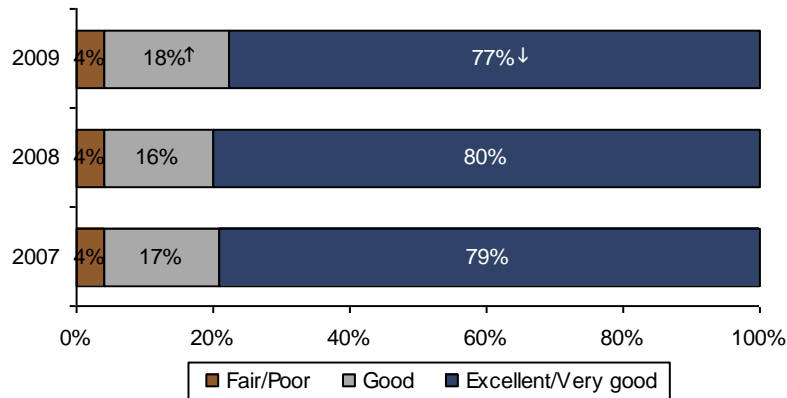
Child's Age (Q73)



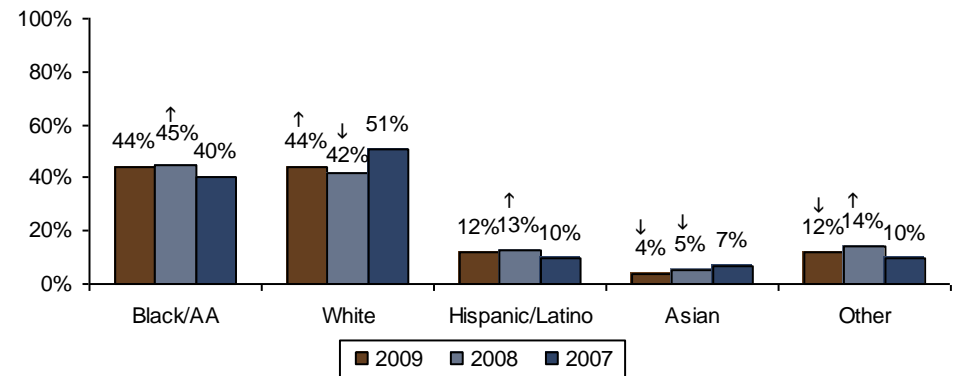
Child's Gender (Q74)



Child's Health Status (Q58)



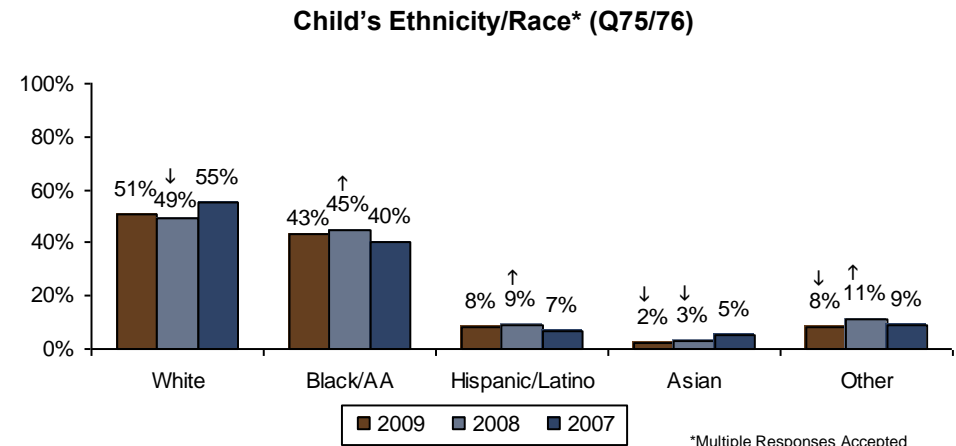
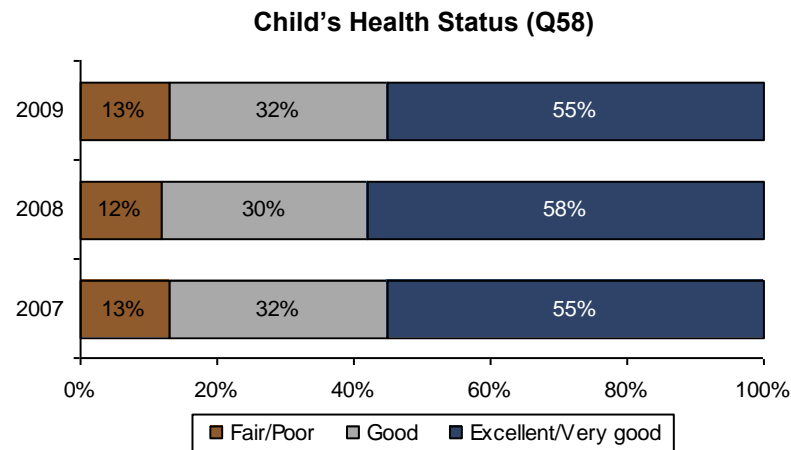
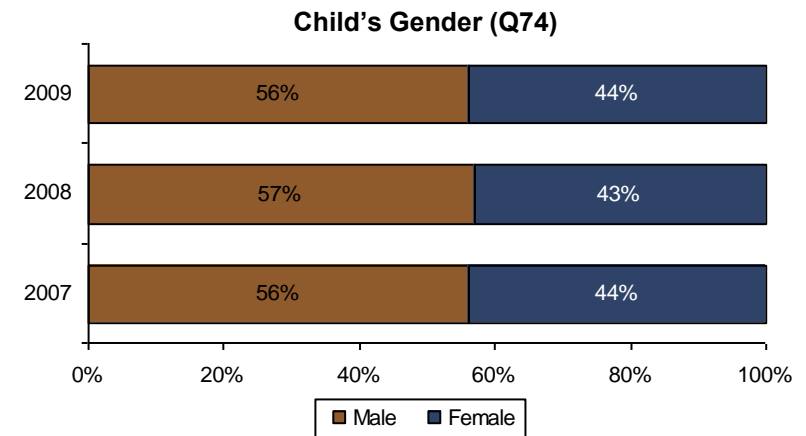
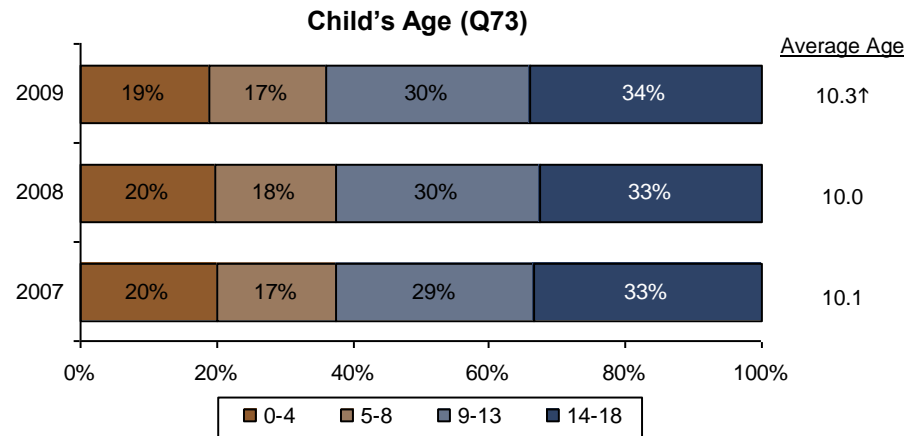
Child's Ethnicity/Race* (Q75/76)



*Multiple Responses Accepted

Child Member Profile – CCC Population

↑ significant increase from previous year
↓ significant decrease from previous year



Overall Ratings

There were four Overall Ratings questions asked in the adult and child surveys that used a scale of “0 to 10”, where a “0” represented the worst possible and a “10” represented the best possible. These measures included “Health Care”, “Personal Doctor”, “Specialist Seen Most Often” and “Health Plan”. The Summary Rate for these questions represents the percentage of members who rated the question an 8, 9 or 10.

- In order to assess how the MCOs’ overall ratings compared with other Medicaid adult and child plans nationwide, national benchmarks are provided. Specifically, the adult and child data are compared to the 2008 Quality Compass® benchmarks (Reporting Year 2007). Quality Compass® is a national database created by NCQA to provide health plans with comparative information on the quality of the nation’s managed care plans.

Table 4: Adult Members

Overall Ratings (Summary Rate – 8,9,10)												
	Health Care			Personal Doctor			Specialist Seen Most Often			Health Plan		
	2009	2008	2007	2009	2008	2007	2009	2008	2007	2009	2008	2007
Quality Compass® ¹	68%	67%		76%	76%		76%	76%		73%	71%	
HealthChoice Aggregate	68%	68%	66%	76%	75%	77%	75%	75%	77%	68%	68%	69%
AMERIGROUP Community Care	67%	68%	64%	77%	73%	75%	75%	74%	78%	69%	67%	65%
Diamond Plan	70%	64%	62%	73%	72%	71%	78%	69%	69%	65%	62%	62%
Jai Medical Systems	64%	69%	68%	79%	81%	84%	74%	77%	77%	66%	69%	75%
Maryland Physicians Care	65%	67%	68%	71%	76%	79%	78%	73%	76%	69%	68%	71%
MedStar Family Choice	77%	74%	73%	83%	78%	81%	79%	78%	77%	78%	74%	76%
Priority Partners	69%	66%	65%	74%	72%	77%	75%	72%↓	83%	70%	71%	70%
UnitedHealthcare	63%	64%	63%	71%	73%	73%	70%↓	79%	73%	62%	61%	64%

○ MCO with the highest Summary Rate in 2009

Arrows (↑,↓) indicate that the particular measure is performing statistically better or worse than it did in the previous year.

¹Quality Compass® is a registered trademark of NCQA.

Table 5: Child Members - General Population

Overall Ratings (Summary Rate – 8,9,10)												
	Health Care			Personal Doctor			Specialist Seen Most Often			Health Plan		
	2009	2008	2007	2009	2008	2007	2009	2008	2007	2009	2008	2007
Quality Compass^{®1}	79%	82%		84%	83%		83%	80%		81%	80%	
HealthChoice Aggregate	83%↓	86%↑	82%	87%	85%	84%	79%	80%	76%	82%	82%↑	79%
AMERIGROUP Community Care	81%	85%	81%	86%	83%	82%	78%	85%	73%	83%	85%	83%
Diamond Plan	81%	83%	81%	84%	83%	80%	77%	81%	80%	74%	73%	73%
Jai Medical Systems	84%	87%	86%	91%	88%	93%	79%	80%	71%	84%	81%	79%
Maryland Physicians Care	80%↓	85%	84%	86%	84%	84%	80%	77%	79%	83%	81%	82%
MedStar Family Choice	86%	88%↑	80%	85%	87%	84%	77%	81%	75%	84%	83%	79%
Priority Partners	82%↓	89%	86%	89%↑	84%	84%	81%	83%	76%	85%	84%	81%
UnitedHealthcare	85%	87%↑	80%	86%	87%	86%	82%	76%	76%	78%	80%↑	73%

○ MCO with the highest Summary Rate in 2009

Arrows (↑,↓) indicate that the particular measure is performing statistically better or worse than it did in the previous year.

¹Quality Compass[®] is a registered trademark of NCQA.

Table 6: Child Members - CCC Population

Overall Ratings (Summary Rate – 8,9,10)												
	Health Care			Personal Doctor			Specialist			Health Plan		
	2009	2008	2007	2009	2008	2007	2009	2008	2007	2009	2008	2007
HealthChoice Aggregate	79%↓	83%↑	79%	86%	84%	84%	79%	80%	76%	78%	77%↑	74%
AMERIGROUP Community Care	78%	84%↑	75%	85%	80%	80%	77%	82%	76%	79%	80%	76%
Diamond Plan	77%	86%	84%	79%	85%	80%	72%	84%	77%	66%	71%	59%
Jai Medical Systems	83%	76%	85%	94%	86%	94%	74%	79%	56%	82%	83%	75%
Maryland Physicians Care	78%↓	84%	80%	86%	86%	84%	82%	81%	78%	80%	78%	78%
MedStar Family Choice	83%	84%	79%	83%	85%	84%	79%	80%	68%	81%	80%	77%
Priority Partners	78%↓	84%	83%	88%↑	83%	85%	80%	80%	80%	79%	79%	75%
UnitedHealthcare	77%	81%	76%	84%	87%	84%	78%	76%	76%	71%	70%	66%

○ MCO with the highest Summary Rate in 2009

Arrows (↑,↓) indicate that the particular measure is performing statistically better or worse than it did in the previous year.

Composite Measures assess results for main issues/areas of concern. These composite measures were derived by combining survey results of similar questions. Specifically, it's the average of each response category of the attributes that comprise a particular service area or composite.

- The CAHPS® 4.0H Adult Medicaid Survey includes seven composite measures, defined below:

Table 7: Adult Composite Measure Definitions

Composite Measure/Rating Item	Survey Question Number	What is Measured	Summary Rate
Getting Needed Care	23 and 27	Measures members' experiences in the last 6 months when trying to get care from specialists and through their health plan	% of members who responded "Usually" or "Always"
Getting Care Quickly	4 and 6	Measures members' experiences with receiving care and getting appointments as soon as they needed	% of members who responded "Usually" or "Always"
How Well Doctors Communicate	15 – 18	Measures how well their personal doctor explained things, listened to them, showed respect for what they had to say and spent enough time with them	% of members who responded "Usually" or "Always"
Customer Service	31 and 32	Measures members' experiences with getting the information needed and treatment by Customer Service staff	% of members who responded "Usually" or "Always"
Shared Decision-Making	10 and 11	Measures members' experiences with doctors discussing the pros and cons for treatment or health care and asking the member which choice was best for them	% of members who responded "Somewhat Yes" or "Definitely Yes"
Health Promotion and Education	8	Measures members' experiences with their doctor discussing specific things to do to prevent illness	% of members who responded "Usually" or "Always"
Coordination of Care	20	Measures members' perceptions of whether their doctor is up-to-date about the care he/she received from other doctors or health providers	% of members who responded "Usually" or "Always"

The CAHPS® 4.0H Child Medicaid Survey includes seven standard composite measures, defined below:

Table 8: Child Composite Measure Definitions

Composite Measure/ Rating Item	What is Measured	Response Choices	Summary Rate
Getting Needed Care	Measures members' experiences in the last 6 months when attempting to get care from doctors and specialists	"Always, Usually, Sometimes or Never" [In previous years, the response choices were "A Big Problem, A Small Problem or Not a Problem". Therefore, due to significant changes in response choices, this composite is not trendable.]	% of members who responded "Usually" or "Always"
Getting Care Quickly	Measures members' experiences with receiving care and getting appointments as soon as they wanted	"Always, Usually, Sometimes or Never" [Since two questions were omitted from this composite in the 2009 survey, this composite is not trendable.]	% of members who responded "Usually" or "Always"
How Well Doctors Communicate	Measures how well personal doctor explained things, listened to them, showed respect for what they have to say and spent enough time with them	"Always, Usually, Sometimes or Never" [Although there were minor wording changes in the 2009 survey, this composite is still trendable.]	% of members who responded "Usually" or "Always"
Customer Service	Measures members' experiences with getting the information needed and treatment by customer service staff	"Always, Usually, Sometimes or Never" [In previous years, the response choices were "A Big Problem, A Small Problem or Not a Problem". Therefore, due to significant changes in response choices, this composite is not trendable.]	% of members who responded "Usually" or "Always"
Shared Decision-Making	Measures members' experiences with doctors discussing the pros and cons for treatment or health care and asking the member which choice was best for them	"Definitely Yes, Somewhat Yes, Somewhat No or Definitely No" [New composite measure in the 2009 survey.]	% of members who responded "Somewhat Yes" or "Definitely Yes"
Health Promotion and Education	Measures members' experience with their doctor discussing specific things to do to prevent illness	"Always, Usually, Sometimes or Never" [New content area in the 2009 survey.]	% of members who responded "Usually" or "Always"
Coordination of Care	Measures members' perception of whether their doctor is up-to-date about the care he/she received from other doctors or health providers	"Always, Usually, Sometimes or Never" [New content area in the 2009 survey.]	% of members who responded "Usually" or "Always"

CCC measurement composite scores are derived by combining survey results of similar questions related to basic components for successful treatment, management and support of children with chronic conditions. The table below shows how each CCC measurement set composite score is defined.

Table 9: Additional CCC Composite Measure Definitions

Composite Measure/ Rating Item	What is Measured	Response Choices	Summary Rate
Access to Prescription Medicine	Measures members' experiences in the last 6 months when trying to get prescription medicine	"Always, Usually, Sometimes or Never" [Since one question was omitted from this composite in the 2009 survey and the response choices to the remaining question were significantly altered, this composite is not trendable.]	% of members who responded "Usually" or "Always"
Access to Specialized Services	Measures members' experiences with getting special medical equipment, therapy, treatment, or counseling for their child	"Always, Usually, Sometimes or Never" [Since three questions were omitted from this composite in the 2009 survey and the response choices to the remaining questions were significantly altered, this composite is not trendable.]	% of members who responded "Usually" or "Always"
Family Centered Care: Personal Doctor Who Knows Child	Measures whether or not the provider discussed how the child is feeling, growing and behaving; as well as understand how the child's condition affects the child's and family's day-to-day life	"Yes or No" [Although there were minor wording changes in the 2009 survey, this composite is still trendable.]	% of members who responded "Yes"
Family Centered Care: Getting Needed Information	Measures how often providers answered members' questions	"Always, Usually, Sometimes or Never" [Since two questions were omitted from this composite in the 2009 survey, this composite is not trendable.]	% of members who responded "Usually" or "Always"
Coordination of Care for Children with Chronic Conditions	Measures whether or not members received the help needed from providers in contacting the child's school/daycare, and whether anyone from their plan or the provider's office coordinated care among the different providers/services	"Yes or No" [This composite was renamed to differentiate from a similar composite added to the 2009 survey and is still trendable.]	% of members who responded "Yes"

Composite Measures (continued)

The following tables show composite measure comparisons of the seven HealthChoice MCOs.

- In order to assess how the MCOs' overall composite ratings compared with other Medicaid adult and child plans nationwide, national benchmarks are provided. Specifically, the adult and child data are compared to the 2008 Quality Compass® benchmarks (Reporting Year 2007). Quality Compass® is a national database created by NCQA to provide health plans with comparative information on the quality of the nation's managed care plans.

Table 10: Adult Composite Measures

Composite Measures																						
	Getting Needed Care			Getting Care Quickly			How Well Doctors Communicate			Customer Service			Shared Decision-Making				Health Promotion and Education			Coordination of Care		
	Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Always/Usually			Def- initely Yes ²	Summary Rate: Definitely Yes/ Somewhat Yes			Summary Rate: Always/Usually			Summary Rate: Always/Usually		
	2009	2008	2007	2009	2008	2007	2009	2008	2007	2009	2008	2007	2009	2009	2008	2007	2009	2008	2007	2009	2008	2007
Quality Compass® ¹	76%	75%		80%	80%		87%	87%		80%	79%		58%				57%	56%		76%	76%	
HealthChoice Aggregate	74%	73%	72%	82%	80%	82%	87%	87%	87%	78%	77%	77%	56%	89%↓	92%↑	89%	62%	62%	62%	78%	78%	76%
AMERIGROUP Community Care	70%	70%	72%	81%	74%↓	85%	89%	86%	87%	78%	79%	77%	56%	89%	90%	91%	59%	61%	59%	82%↑	71%	72%
Diamond Plan	66%	61%	61%	78%	81%	78%	85%	85%	86%	75%	77%	75%	53%	88%	93%	89%	64%	61%	60%	71%	73%	70%
Jai Medical Systems	76%	78%	79%	80%	80%	82%	89%	89%	88%	76%	77%	74%	58%	90%	91%	91%	66%	67%	67%	85%	84%	82%
Maryland Physicians Care	75%	75%	74%	83%	83%	82%	85%	87%	87%	81%	72%	78%	49%	86%↓	92%	86%	61%	60%	61%	77%	80%	75%
MedStar Family Choice	82%	80%	78%	87%↑	80%↓	86%	89%	89%	91%	85%	80%	85%	62%	90%	94%	92%	63%	62%	68%	78%	80%	78%
Priority Partners	75%	72%	73%	81%	80%	81%	88%	85%	87%	76%	80%	80%	57%	90%	91%	89%	62%	64%	59%	76%	77%	81%
UnitedHealthcare	70%	70%	67%	82%	79%	80%	85%	86%	84%	73%	73%	69%	55%	87%	90%	85%	58%	58%	58%	74%	75%	73%

○ MCO with the highest Summary Rate in 2009

Arrows (↑,↓) indicate that the particular composite measure is performing statistically better or worse than it did in the previous year.

¹Quality Compass® is a registered trademark of NCQA.

²While the Summary Rate for "Shared Decision-Making" is "Definitely Yes/Somewhat Yes", Quality Compass reports only on "Definitely Yes"; therefore, both percentages are shown.

Table 11: Child Composite Measures - General Population

Composite Measures										
	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate			Customer Service	Shared Decision-Making		Health Promotion and Education	Coordination of Care
	Summary Rate: Always/Usually	Summary Rate: Always/Usually	Summary Rate: Always/Usually			Summary Rate: Always/Usually	Def-initely Yes ²	Summary Rate: Definitely Yes/ Somewhat Yes	Summary Rate: Always/Usually	Summary Rate: Always/Usually
	2009	2009	2009	2008	2007	2009	2009	2009	2009	2009
Quality Compass^{®1}	79%	86%	91%			81%	66%		61%	78%
HealthChoice Aggregate	76%	89%	93%	92%	91%	79%	67%	92%	63%	80%
AMERIGROUP Community Care	76%	85%	91%	89%	89%	79%	66%	91%	61%	74%
Diamond Plan	71%	90%	92%	92%	91%	71%	65%	89%	63%	74%
Jai Medical Systems	76%	90%	96%	95%	93%	80%	81%	93%	67%	81%
Maryland Physicians Care	78%	91%	94%	91%	92%	79%	65%	93%	63%	79%
MedStar Family Choice	83%	92%	94%	93%	89%	82%	67%	93%	66%	84%
Priority Partners	79%	90%	94%	93%	94%	84%	63%	91%	64%	84%
UnitedHealthcare	69%	87%	92%	92%	91%	77%	65%	91%	60%	80%

○ MCO with the highest Summary Rate in 2009

Arrows (↑,↓) indicate that the particular composite measure is performing statistically better or worse than it did in the previous year.

¹Quality Compass[®] is a registered trademark of NCQA.

²While the Summary Rate for “Shared Decision-Making” is “Definitely Yes/Somewhat Yes”, Quality Compass reports only on “Definitely Yes”; therefore, both percentages are shown.

Table 12: Child Composite Measures - CCC Population

Composite Measures									
	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate			Customer Service	Shared Decision-Making	Health Promotion and Education	Coordination of Care
	Summary Rate: Always/Usually	Summary Rate: Always/Usually	Summary Rate: Always/Usually			Summary Rate: Always/Usually	Summary Rate: Definitely Yes/Somewhat Yes	Summary Rate: Always/Usually	Summary Rate: Always/Usually
	2009	2009	2009	2008	2007	2009	2009	2009	2009
HealthChoice Aggregate	75%	90%	93%	91%	91%	77%	92%	66%	79%
AMERIGROUP Community Care	74%	87%	93%	89%	88%	76%	91%	65%	80%
Diamond Plan	73%	88%	92%	89%	91%	78%	92%	59%	74%
Jai Medical Systems	71%	91%	97%	95%	94%	76%	91%	72%	76%
Maryland Physicians Care	78%	92%	93%	92%	91%	79%	93%	68%	79%
MedStar Family Choice	80%	92%	93%	92%	89%	77%	92%	67%	84%
Priority Partners	77%	91%	94%↑	90%	93%	78%	93%	67%	79%
UnitedHealthcare	68%	90%	89%	92%	90%	73%	89%	63%	75%

○ MCO with the highest Summary Rate in 2009

Arrows (↑,↓) indicate that the particular composite measure is performing statistically better or worse than it did in the previous year.

Table 13: Child Composite Measures - CCC Population

Additional CCC Composite Measures									
	Access to Prescription Medicine	Access to Specialized Services	FCC: Personal Doctor Who Knows Child			FCC: Getting Needed Information	Coordination of Care for Children with Chronic Conditions		
	Summary Rate: Always/Usually	Summary Rate: Always/Usually	Summary Rate: Yes			Summary Rate: Always/Usually	Summary Rate: Yes		
	2009	2009	2009	2008	2007	2009	2009	2008	2007
HealthChoice Aggregate	90%	74%	88%	87%	87%	88%	76%	76%	73%
AMERIGROUP Community Care	84%	67%	86%	86%	86%	87%	76%	76%	71%
Diamond Plan	89%	77%	84%	84%	85%	88%	70%	81%	87%
Jai Medical Systems	89%	73%	91%	87%	90%	91%	77%	82%	86%
Maryland Physicians Care	92%	75%	88%	89%	89%	89%	81%	77%	73%
MedStar Family Choice	93%	76%	87%	88%	85%	86%	76%	74%	71%
Priority Partners	92%	78%	89%	87%	89%	89%	77%	76%	73%
UnitedHealthcare	89%	70%	88%	87%	84%	85%	71%	75%	71%

○ MCO with the highest Summary Rate in 2009

Arrows (↑, ↓) indicate that the particular composite measure is performing statistically better or worse than it did in the previous year.

In an effort to identify the underlying components of adult and child members' ratings of their Health Plan and Health Care, advanced statistical techniques were employed.

- Regression analysis is a statistical technique used to determine which influences or "independent variables" (composite measures) have the greatest impact on an overall attribute or "dependent variable" (overall rating of Health Plan or Health Care).
- In addition, correlation analyses were conducted between each composite measure attribute and overall rating of Health Plan and Health Care in order to ascertain which attributes have the greatest impact.

Adult Medicaid Members – Key Drivers of Satisfaction with Health Plan

Based on the 2009 findings, there are two composite measures that have a significant impact on adult members' rating of their Health Plan overall: "**Customer Service**" and "**Getting Needed Care**".

- The attributes listed below are identified as **unmet needs¹** and should be considered priority areas for HealthChoice. If performance on these attributes is increased, it could have a positive impact on adult members' overall rating of their Health Plan.
 - **Got the care, tests, or treatment you thought necessary**
 - **Received information or help needed from the health plan's Customer Service**

Adult Medicaid Members – Key Drivers of Satisfaction with Health Care

Based on the 2009 findings, the following composite measures have a significant impact on adult members' rating of their Health Care overall: "**Getting Needed Care**", "**Customer Service**" and "**How Well Doctors Communicate**".

- The attribute "**Got the care, tests, or treatment you thought necessary**" is identified as an **unmet need¹** and should be considered a priority area for HealthChoice. If performance on this attribute is increased, it could have a positive impact on adult members' overall rating of their Health Care.

¹ **Unmet needs** are key drivers that are of high importance to members where they perceive HealthChoice to be performing at a lower level (Summary Rate is less than 80%).

Child Medicaid Members – Key Drivers of Satisfaction with Health Plan

Based on the 2009 findings, there are two composite measures that have a significant impact on child members' rating of their Health Plan overall: **"Customer Service"** and **"Getting Needed Care"**.

- The attribute **"Received the information or help needed from Customer Service"** is identified as an **unmet need¹** and should be considered a priority area for HealthChoice. If performance on this attribute is increased, it could have a positive impact on child members' overall rating of their Health Plan.

Child Medicaid Members – Key Drivers of Satisfaction with Health Care

Based on the 2009 findings, the following composite measures have a significant impact on child members' rating of their Health Care overall: **"Shared Decision-Making"**, **"How Well Doctors Communicate"** and **"Getting Needed Care"**.

- Given some of the high ratings received, there were no attributes identified as **unmet needs¹** that should be considered priority areas for improving ratings of child members' Health Care overall.
- Instead, the attributes listed below are identified as **driving strengths²** and performance in these areas should be maintained. If performance for these attributes is decreased, it could have a negative impact on child members' overall rating of their Health Care.
 - **Doctor listened carefully to you**
 - **Doctor explained things in a way that was easy to understand**
 - **Doctor showed respect for what you had to say**

¹**Unmet needs** are key drivers that are of high importance to members where they perceive HealthChoice to be performing at a lower level (Summary Rate is less than 80%).

²**Driving strengths** are key drivers that are of high importance to members where they perceive HealthChoice to be performing at a higher level (Summary Rate is 90% or more).

- **Attributes** are the questions that relate to a specific service area or composite as specified by NCQA.
- **Composite Measures** are derived by combining the survey results of similar questions that represent an overall aspect of plan quality. Specifically, it's the average of each response category of the attributes that comprise a particular service area or composite.
- **Confidence Level** is the degree of confidence, expressed as a percentage, that a reported number's true value is between the lower and upper specified range.
- **Correlation Coefficient** is a statistical measure of how closely two variables or measures are related to each other.
- **Disposition Category** is the final status given to a member record within the sample surveyed. The category signifies both the survey administration used to complete the survey (M=Mail, T=Telephone) and the status of the member record (M21=Mail, Ineligible; T10= Phone, Complete).
- **Key Drivers** are composite measures that have been found to impact ratings of overall Health Plan and Health Care among MCO members as determined by regression analysis.
- **Over-Sampling** is sampling more than the minimum required sample size. The recommended sample size for adult Medicaid MCOs is 1,350 and the target number of completed surveys is 411. The recommended sample size for child Medicaid MCOs is 1,650 (General Population/Sample A) and the target number of completed surveys is 411. The Department may choose to over-sample to obtain a greater number of completed surveys, particularly if it anticipates, by history, a low response rate.
- **Significance Test** is a test used to determine the probability that a given result could not have occurred by chance.
- **Summary Rates** generally represent the most favorable responses for a particular question (i.e., *Always and Usually*; 8, 9 or 10; *Definitely Yes and Somewhat Yes*; etc.). Keep in mind that not every question is assigned a Summary Rate.
- **Trending** is the practice of examining several years of data in a comparative way to identify common attributes.